



Department of Inspectional Services
Worcester, Massachusetts

Amanda M. Wilson, Director
Housing/Health Inspections

John R. Kelly
Commissioner

SPECIAL PERMISSION GAS DUAL FUEL REQUEST APPLICATION FORM

\$125.00 Application Fee

(1) Type of Request (Check Appropriate Box)

Dual Fuel Low Pressure <input type="checkbox"/>	Dual Fuel Elevated Pressure <input type="checkbox"/>
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(2) Applicant

Name _____	Telephone _____	Fax _____
Address _____	City _____	State ____ Zip ____
_____	Title/Position _____	Date _____
Signature _____		

(3) Installation Location Information

Company Name _____	Telephone _____	Fax _____
Address _____	City _____	
Equipment Being Installed _____		
Reason for the Request _____		

(4) Gas Supplier Information (Both Signatures Required)

Natural Gas Company Name _____	Authorized Signature _____
Propane Gas Company Name _____	Authorized Signature _____

(5) Fire Department (Signature Not Required if A letter from The Fire Department is Attached)

Date Fire Department Notified: _____	Authorized Signature _____
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(6) For Office Use Only

Special Permission Gas Request Application and Documentation Received on _____
Special Permission Granted on _____, 20____ BY _____